

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/646835

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		2				
4		2				
5		2				
6		2				
7	/					
8		1				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
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26		2				
27		2				
28		2				
29		2				
30		2				
31			1			
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44			1	1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	4					
TOTAL DEP.	28					
TOTAL CLAIMS	32					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55			1			
56				1		
57			1	1		
58				1		
59				1		
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97						
98						
99						
100						
TOTAL IND.			2			
TOTAL DEP.			26			
TOTAL CLAIMS			28			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS